

RHODE ISLAND STATEWIDE HEALTH REFORM DEMONSTRATION

FACT SHEET

Name of Section 1115 Demonstration:	Rhode Island RItE Care
Date Proposal Submitted:	July 20, 1993
Date Proposal Approved:	November 1, 1993
Date Implemented:	August 1, 1994
Date Extension Request Submitted:	March 17, 1998
Date Extension Request Approved:	September 17, 1998
Date Extension Expires:	July 31, 2002
Date Extension Request Submitted:	April 16, 2002
Date Extension Request Approved:	July 29, 2002
Date Extension Expires:	July 31, 2005

SUMMARY

The Rhode Island RItE Care project is a statewide initiative that seeks to increase access to, and the delivery of, primary and preventive health care services for all Family Independence Program families (formerly known as AFDC families) and certain low-income women and children through a fully capitated managed care delivery system.

The State of Rhode Island was granted their second 3-year extension of demonstration project entitled RItE Care on July 29, 2002. The extension period will run from August 1, 2002 through July 31, 2005.

ELIGIBILITY

- Individuals originally eligible for the RItE Care program included Family Independence Program families (formerly known as AFDC families), pregnant women up to 250 percent of poverty, and children up to age 6 with family incomes up to 250 percent of poverty who are uninsured.

- Rhode Island has submitted amendments to their demonstration several times in order to expand the population eligible for the demonstrations:
 - Effective March 1, 1996, they expanded to children up to age 8 in households with incomes up to 250 percent of poverty who are uninsured.
 - Effective May 1, 1997, they expanded to children up to age 18 in households with incomes up to 250 percent of poverty who are uninsured.
 - Effective November 1, 1998, they expanded to families with children under 18 including parents with incomes up to 185 percent of poverty.
 - Effective July 1, 1999, they expanded to children up to age 19 in households with incomes up to 250 percent of poverty.
 - Effective January 29, 2003, they expanded to include certain children with special health care needs defined children who are Medicaid eligible through SSI eligibility, the Katie Becket provision or the adoption subsidy program.

(Note: Since Rhode Island implemented to coverage of children between the ages of 8 and 19 after March 15, 1997, those children are actually enrolled in the State's title XXI program and they are not considered to be Rite Care enrollees.)

- Effective September 1, 2001, they moved the section 1931 parents and caretaker relatives between 110 and 185 percent of poverty out of the state plan and into the expansion population. So, these people are technically in the expansion population, but they are also in the state's title XXI program so they are not really considered to be Rite Care enrollees unless the state uses up all their title XXI allotment and they revert back into the Medicaid title XIX program.
- There are approximately 117,000 people enrolled in Rite Care.

BENEFIT PACKAGE

- Health plans under contract to the State are required to offer a comprehensive benefits package which includes most services currently covered under Medicaid. Services which are currently covered under the State plan, but which are not included in the prepaid benefit package, continue to be provided and reimbursed on a fee-for-service basis.
- The prepaid health plans offer medical and mental health benefits. Long term care services are not provided through the prepaid health plans. Dental benefits continue to be provided on a fee-for-service basis.
- The health plans are required to offer participants a package of enhanced services to assist in overcoming the non-financial barriers to care, including outreach activities

designed to ensure that appointments for preventive care are made and adhered to. Home visits, nutrition counseling, childbirth education, parenting skills education, and smoking cessation classes are also offered.

- Pregnant women enrolled in the program who lose eligibility 60 days postpartum are offered the opportunity to enroll in an extended family planning program for a 2-year period. This program, which is voluntary, provides or makes available an extensive package of family planning services, including an annual examination and Pap smear for all enrollees.
- Rhode Island amended their demonstration in order to offer window replacement as a benefit. Under the demonstration, window replacement is a benefit that is provided on an out-of-plan basis if a housing inspection determines that it would effectively reduce the child's future exposure to lead.

ENROLLMENT/DISENROLLMENT PROCESS

- All currently eligible beneficiaries were initially notified of the RItE Care program with a mailer that provided information on the new managed care program, including information on how they may enroll in the program. Most currently eligible beneficiaries are enrolled in the program during their recertification process.
- The Department of Health and the Department of Human Services conducted an aggressive marketing and education program designed to increase public awareness of the RItE Care program. Information on how and where to apply for the program was provided to the expansion population through a variety of media.
- Non-biased enrollment counselors assist eligible RItE Care enrollees with their selection of health plan. The enrollment counselors also educate the eligible enrollee on managed care and how to use the managed care system. If the eligible enrollee does not select a health plan within 30 days, the individual is automatically assigned to a plan.
- RItE Care enrollees are restricted to a plan for up to one year, when they can enroll in a different plan during the open enrollment period. In the interim, enrollees may disenroll for "good cause" only.

DELIVERY SYSTEM

- Individuals who are eligible for the RItE Care program are required to enroll in fully capitated, prepaid health plans under contract with the State to provide comprehensive health services to participants for a fixed cost per enrollee per month. Eligible individuals must be offered a choice of at least two plans in which they may enroll. Currently, individuals have a choice of 3 plans.

- The State encourages the participation of both existing managed care organizations and new entities formed by traditional providers of services or coalitions of providers, including Federally Qualified Health Centers.
- The plans are responsible for ensuring that each enrollee has a primary care provider and is afforded access to all medically necessary health care services included in the benefit package.
- Children with special health care needs will have full access to MCO provider networks as well as the option to access specialty providers as their PCPs or to access providers out of network if needed.

QUALITY ASSURANCE

- The State's program to assure quality, accessibility, and availability to all RIte Care enrollees is based primarily on HCFA's Medicaid Quality Assurance Reform Initiative.
- Annual operational and financial reviews are performed by on-site teams comprised of individuals with specific expertise in managed care operations and finance. Health plan reviews will focus on contract compliance issues, fiscal stability and solvency, and medical audits to ensure that current standards of medical practice are being followed by plan providers. If any deficiencies are identified, corrective action plans will be issued, detailing what action, and in what timeframe, the deficiency is to be remedied.
- Health plans are required to submit a number of reports on an annual, quarterly, or monthly basis as appropriate, e.g., utilization reports, grievance and appeals reports, enrollment and disenrollment reports, financial reports, etc.

COST-SHARING

In January of 2002, the state implemented monthly premiums up to 3 percent of income for expansion enrollees 150% of poverty. On August 1, 2002, the cost sharing increased from 3% to a maximum of 5% of family income for families over 150% of poverty.

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